Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE C			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			26 minus 20=		* <i>(g</i>			X\$ 9=		OR	X\$18=	108.
INDEPENDENT CLAIMS			4 mi	nus 3 =	• /			X40=		OR	X80=	80,
MULTIPLE DEPENDENT CLAIM PRESE				· <del>-</del> ·				+135=		OR	+270=	
* If the difference in column 1 is less than zero, e					r "0" in c	olumn 2		TOTAL		OR	TOTAL	898.
CLAIMS AS AMENDED - PART II							OTHER THAN					
_		(Column 1)	Control of the Contro	(Colur		(Column 3)	٠.	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 01 4114	=	ſ	X40=		OR	X80=	
	FIRST PRESE	NTATION OF MI	JULIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE		JON,	ADDIT. FEE	
AMENDMENT B	\$ 10 m	(Column 1) CLAIMS		HIGH		(Column 3)	1 г		ADDI	1 1		1001
	, i , y /* ;	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		)					
							Ļ	+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	_					
AMENDMENT C	Marie Control	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* INTATION OF M	Minus	***	CL AINA	=		X40=		OR	X80=	
<u> </u>	I IIIOT F NEGE	INTAHON OF WI	JETH LE DEF	LINDEIN	OLAIIVI		<b>'</b>	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					r foui	nd in the app	ropriate box	in col	umn 1.	